# **Community Health Planning & Strategies Committee**



Cheri Tomlinson, Vice Chair

Wednesday, August 3, 2011 5:00 pm to 6:30 pm Public Health 4041 North Central Avenue, Phoenix 14<sup>th</sup> Floor, Training Room 4041 North Central Avenue Suite 1400 • Phoenix, AZ 85012-3329 (602) 506-6321 phone (602) 372-8499 fax PlanningCouncil@mail.maricopa.gov

# **Meeting Minutes**

#### In Attendance

AT Cheri Tomlinson AT Debby Elliott EX Don Welsh AT Randall Furrow

**Part A Program Staff** 

AT Rose Conner AT Edd Welsh AT Dee Feintuch

#### Guests

Mark Kezios Toby Urvater Jared Vega Juan Carlos Perez Kim Eggert

Edward Ornelas Maclovia Morales

Support Staff: John Sapero

## Welcome, introductions and declarations of any conflicts-of-interest

Cheri Tomlinson called the meeting to order and welcomed the attendees. Everyone introduced him/her self and declared any conflicts-of-interest.

#### **MEETING MINUTES** continued

#### **Determination of Quorum**

Cheri Tomlinson determined that quorum was established with three of four members in attendance at approximately 6:00 pm.

#### Review of the minutes and action items from prior meetings

Participants silently reviewed the summary minutes for the May 18, 2011 meeting. Cheri Tomlinson noted that on page three, the dental program should be listed as ending on July 31<sup>st</sup>, not July 1<sup>st</sup>.

#### **Administrative Agent update**

Rose Conner discussed:

- The Part A program is working with ADAP to get PCIP eligibility information downloaded into CAREWare
- 159 people are anticipated to be enrolled in PCIP by August 2011. Up to 400 clients may be transitioned to PCIP by the end of the calendar year. This will mean lower utilization in Part A services
- Clients have begun to lose AHCCCS eligibility
- The Part A program is finalizing the implementation of HRSA's Part A Program Standards
- The RFP for Outpatient Ambulatory Medical Care is still awaiting HRSA approval
- The Direct Dental Services RFP will close on August 19<sup>th</sup>

# Chair update

No comments were voiced.

#### **Update: Oral Health Services**

Toby Urvater discussed there was a 37% increase in utilization year-over-year. An average of 30 people disenroll each month.

Debby Elliott asked that if a client utilizes their entire benefit in the first six months of service, will the client be dropped in the second six months? Toby Urvater replied that the client would remain on the insurance.

#### **MEETING MINUTES** continued

Attendees praised Chavon Boston and the Oral Health program for improvements that have been made to the program.

#### **ADAP Assist Update**

Cheri Tomlinson discussed that some MIHS clients have been confused by the benefits package. Additionally, MIHS has been working with ADHS and Southern Arizona AIDS Foundation (SAAF) for direct billing. However, clients who access care at MIHS community health centers (CHC) have been receiving bills from PCIP.

Rose Conner discussed that if the Part A program provides services while a client is awaiting acceptance to PCIP, and the client receives PCIP coverage that is retroactive to when the client was on Part A, the providers must refund Part A funds.

#### **AHCCCS Eligibility Revisions**

Cheri Tomlinson asked John Sapero to invite an AHCCCS representative to the meeting. John Sapero related that an AHCCCS representative has been invited, but has not attended.

Cheri discussed that an AHCCCS representative may be more receptive to answering written questions.

Cheri provided several examples of how clients may fall out of AHCCCS coverage. Debby Elliott added that clients are getting conflicting information about recertifying their AHCCCS eligibility — Case managers are working with AHCCCS representatives. Additionally, AHCCCS is moving all HIV positive clients to SSI/MAO, regardless of whether they are eligible or not.

Cheri Tomlinson discussed that MIHS is taking the following steps to help clients:

- Identifying the renewal dates for each AHCCCS client. If these clients are Part D clients as well, a reminder system will be created
- The case managers of these clients will be contacted, and a process to keep them informed of the client's AHCCCS renewal date will be developed
- The vast majority of AHCCCS do not have a case manager. If a client does not have a medical case manager, they will be encouraged to obtain a case manager

Debby Elliott discussed that Care Directions is developing a reminder process for their clients. Tony Ornelas provided an overview of the process Chicanos por la Causa uses to remind clients of to renew their AHCCCS accessibility.

#### Assessment of Inclusion of additional Service Activities for some Part A Services

John Sapero discussed that some HRSA service categories have additional allowable services included in the service definitions. Dee Feintuch provided a comparison of the old and new service definitions.

The committee determined to review the changes for possible future action.

#### Review of the Planning Council's Current Comprehensive Plan

This item was tabled.

## **Review of the Planning Council's Current Comprehensive Plan**

This item was tabled.

#### Agenda items for the next meeting

- AHCCCS Update
- ADAP Assist discussion/PCIP
- Oral Health Program Update
- Part A Program Standards review

The committee determined it would change its meeting day to coincide with the Allocations Committee. There was discussion about why the committees were meeting concurrently.

#### **Current events summaries**

Cheri Tomlinson discussed that it is now recommended that all women receive an HIC screening each year.

Jared Vega announced he would like to join the committee.

## Call to the public

No comments were voiced.

# **MEETING MINUTES** continued

# Adjourn

The meeting adjourned at approximately 6:42 pm.